

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **700465**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.		DEP.			IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.		IND.	DEP.		
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TOTAL IND.							TOTAL IND.									
TOTAL DEP.							TOTAL DEP.									
TOTAL CLAIMS							TOTAL CLAIMS									

BEST AVAILABLE COPY